PTO/SB/01 (10-01)

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WRAIR 02-42 Attorney Docket Number DECLARATION FOR UTILITY OR First Named Inventor Jiang DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) 10/600,446 **Application Number** 06/20/2003 Filing Date Declaration Declaration Submitted after Initial OR Submitted Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial

Filing	required)	Examiner Name		
As the below named inventor, I here	by declare that:		****	
My residence, mailing address, and cit	tizenship are as stated below	v next to my name.		
I believe I am the original and first inve	ntor of the subject matter wh	ich is claimed and for whic	h a patent is sough	t on the invention entitled:
Antimalarial Activities of	Febrifugine Analog	ues	·	
	(Title of the In	vention)		
the specification of which	(Thie of the III	vondony		
is attached hereto				
OR was filed on (MM/DD/YYYY)	06/20/2003	as United States A	pplication Number	or PCT International
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed and any amendment specifically referred to	d understand the contents of above.	the above identified speci	fication, including th	ne claims, as amended by
I acknowledge the duty to disclose info applications, material information whici international filing date of the continua	h became available between	patentability as defined in the filing date of the prior	37 CFR 1.56, inclu application and the	ding for continuation-in-part national or PCT
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(s States of America, listed below and h breeder's rights certificate(s), or any claimed.	under 35 U.S.C. 119(a)-(d) a) of any PCT international ave also identified below by	application which designate v checking the box, any fo	ted at least one co preign application fo	ountry other than the United por patent, inventor's or plant
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application nu	mbers are listed on a supple	mental priority data sheet I	PTO/SB/02B attach	ned hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nu or Bar Code I				0	OR 🗸	Corre	espondence address below
Ms. Elizabeth Arwine, Esq.							
Name							
USAMRMC Staff Judge Advoca	ite Of	ffice					
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Frederick			MD			1	21702-5012
City			State				ZIP
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	Telep	•					Fax
I hereby declare that all statements made herein of nare believed to be true; and further that these states made are punishable by fine or imprisonment, or bot validity of the application or any patent issued thereor	ments th, und	were made with	n the kno	owledae th	hat willfu	ul false	statements and the like so
NAME OF SOLE OR FIRST INVENTOR :		A petition h	as bee	n filed fo	or this	unsign	ned inventor
Given Name Suping (first and middle [if any])			Family or Suri	/ Name	Jiang		
Inventor's Signature	7	~``					Date Aug. 26.2003
Potomac		MD		USA			USA
Residence: City		State		Country			Citizenship
8809 Tuckerman Lane							
Potomac		MD		2	20854	4	USA
City		State		ZIP			Country
NAME OF SECOND INVENTOR:		A petition ha	s been	filed for	r this u	nsigne	d inventor
Given Name Thomas (first and middle [if any])			Family or Surr	Name	Hudso	n	
Inventor's Signature 1							8/26/03 Date
Bethesda		MD	_ 	USA			USA
Residence: City		State		Country		_	Citizenship
Mailing Address 5924 Beech Avenue							
Retherds		MD		2	2081	7	USA
Bethesda city		State		ZIP			Country
Additional inventors are being named on the 1	sup	plemental Additi	onal Inve	entor(s) sh	heet(s) F	TO/SB	02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if an	y:		A petition has been fil	led for th	nis unsigned inventor
Wilbur Given Name			Milhous mily Name Surname	5	
Inventor's Signature	<u>/</u>	~			Date 8/26/03
Germantown Residence: City	MD State		SA puntry	ļ	USA Citizenship
13472 Ansel Terrace Mailing Address					
Mailing Address					
_{city} Germantown	MD State	20 Z	0874 IP	USA Countr	у
Name of Additional Joint Inventor, if an	y:		A petition has been file	d for thi	s unsigned inventor
Given Name			amily Name r Surname		
inventor's					Date
Signature	T.,				
Residence: City	State	10	ountry		Citizenship
Malling Address					
Mailing Address					
City	State		ZiP	Countr	у
Name of Additional Joint Inventor, if ar	ny:		A petition has been filed	d for this	unsigned inventor
Given Name			ily Name urname		
inventor's Signature		·			Date
Residence: City	State		Country		Citizenship
Mailing Address					
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City	State		ZIP	Co	ountry

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Filing Date First Named Inventor Title Group Art Unit Examiner Name Attorney Docket Number		alarial Activities. IR 02-42
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Group Art Unit Examiner Name		IR 02-42
Examiner Name	WRAI	
	WRAI	
Attorney Docket Number	WRAI	
		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below*.

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Date

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THE THE OFME		Application	n Number	10	0/600,446	
		Filing Date		06	5/20/2003	
POWER OF ATT	CORNEY OR	First Name	d Inventor	Ji	ang	
AUTHORIZATIO		Title		A	ntimalarial	Activities
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		Examiner	Name			
		Attorney D	ocket Num	ber V	VRAIR 02	-42
I hereby appoint: Practitioners at Custom OR Practitioner(s) name] —		Customer er Bar Code here
Tractitioner(s) name	Name		Registr	ation Num	ber	7
Ms Al	panti B. Singla, Esq.			6,681		┪
	cabeth Arwine, Esq.			5,867		-
1413. 2112	Mooth Hi wille, Esq.					-
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Statement under	or. rd of the entire interest. So 37 CFR 3.73(b) is enclose SIGNATURE of Applicates H. Hudson	ed. (Form P7	<i>O/SB/96).</i>	d		
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NOTE: Signatures of all the inventors Forms if more than one signature is re *Total of3forms	or assignees of record of the enti- quired, see below*.	ire interest or the	eir representati	ve(s) are requ	nired. Submit m	ultiple

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POWER (OF ATTORNEY OR	First Named Inventor	Jiang
	ZATION OF AGENT	Title	Antimalarial Activities
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		Examiner Name	
		Attorney Docket Numb	er WRAIR 02-42
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	ner(s) named below:		
	Name	Registrat	ion Number
<u> </u>	Ms. Abanti B. Singla, Esq.	36,	681
	Ms. Elizabeth Arwine, Esq.	45,	867
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Forms if more than one signature is required, see below*.

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